

University Pet Clinic
DENTAL AUTHORIZATION FORM

Client Name: _____

Pet: _____

Date: _____ Phone number owner/agent can be reached at today: _____

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For the protection of our team, your pet & the other pets here, your pet must have current vaccinations.

These vaccinations must be given by a VETERINARY CLINIC and proof provided:

DOGS: Rabies, Distemper-Parvo

CATS: Rabies, FVR-CP

**** FOR THE SAFETY OF OUR TEAM & YOUR PET, WE REQUIRE PROOF OF A CURRENT RABIES VACCINATION AT THE TIME YOUR PET IS ADMITTED. ****

If your pet's Rabies vaccine is past due OR proof cannot be provided at the time your pet is being admitted, we will provide an exam (\$22-\$45) and administer a Rabies vaccine (\$17).

I understand I am responsible for these expenses if needed.

Owner/Caregiver Initials: [user_input]

ADDITIONAL SERVICES REQUESTED BY OWNER: **Ask for current pricing**

- | | |
|--|--|
| <input type="checkbox"/> Examination | <input type="checkbox"/> Update Vaccinations |
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Ear Cleaning |
| <input type="checkbox"/> Anal Glands Expressed | <input type="checkbox"/> Fecal Test <i>(for intestinal parasites, bacteria and protozoa)</i> |
| <input type="checkbox"/> Heartworm Test <i>(ask for Special Package cost)</i> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HomeAgain Microchip (includes Registration Fee) | |
| <input type="checkbox"/> Pain Medication <i>(price varies based on species and type of medication needed for each specific case)</i> | |

- I understand oftentimes the full extent of this pet's oral health is unknown until it is under anesthesia and given a complete oral exam with dental radiographs. I also understand sometimes unforeseen dental extractions are found to be necessary during the dental cleaning. I authorize the veterinarian to use his/her professional judgement to do what is necessary since it is not possible for the veterinarian to call during the procedure due to time restraints and safety factors using anesthesia. Oftentimes the veterinarian will recommend antibiotics and pain medication when teeth are extracted. I agree to pay for these extra charges at the time of discharge.

Owner/Agent initials: _____

- I have been advised as to the nature of the procedures. I understand there are risks involved, including risks involving anesthesia. I realize that results cannot be guaranteed.
- I understand that payment in full is due at the time of discharge.
- I have read and understand this authorization and consent.
- I consent to this pet's images to be used for social media, or marketing by University Pet Clinic.

Owner/Agent Signature: _____ **Date:** _____